



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on Sept 30, 2005.

Anne Antonoff
Anne Antonoff

In Re Application of:

William L. Betts

Serial No.: 09/777,213

Filed: February 5, 2001

Confirmation No.: 3031

Group Art Unit: 2133

Examiner: Joseph D. Torres

Docket No.: 061607-1490

For: **Interleaved Generalized Convolutional Encoder**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Change of Correspondence Address
Third Response (With Amendments)

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

202133



AMENDMENT TRANSMITTAL LETTER (LARGE) Applicant(s) William L. Betts	Docket No. 061607-1490
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Serial No. 09/777,213	Filing Date February 5, 2001	Examiner Joseph D. Torres	Confirmation No. 3031	Group Art Unit 2133
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Invention: **Interleaved Generalized Convolutional Encoder**

**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Third Response (With Amendments) in the above-identified application.
 The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	24 -	77 =	0	X \$50.00	\$0.00
INDEP. CLAIMS	2 -	8 =	0	X \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.

Karen G. Hazzah, Reg. No. 48,472

Sept. 30, 2005
 Date